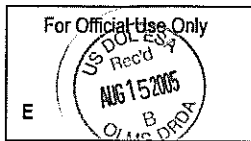


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

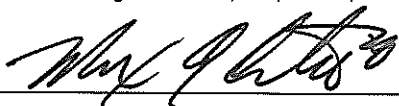
1. File Number U - <u>6426</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Max</u> <u>E</u> <u>Carter</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>1916 Griffith Ave.</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89104</u>	4. Name, file number, and address of labor organization. Name <u>Electrical Workers IBEW AFL-CIO LU 357</u> Labor Organization File Number <u>038-815</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>4322 E. Bonanza Rd.</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89110-6102</u>
5. Position in labor organization. <u>Executive Board</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed 

On 08/12/2005
Date

702-452-9357

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Milliman Consultants"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="650 California St., 17th Floor"/></p> <p>City <input type="text" value="San Francisco"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="94108-2702"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Electrical Workers H & W/ Pension Trust"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="Ste. 600"/></p> <p>Street <input type="text" value="101 Convention Center Drive"/></p> <p>City <input type="text" value="Las Vegas"/></p> <p>State <input type="text" value="Nevada"/> ZIP Code + 4 <input type="text" value="89109"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><p>As a Trustee for H&W/pension fund I had dinner with the trust consultant to discuss benefit enhancements.</p></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$188"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><p>Went to dinner with trust consultant.</p></div> <p>12.b. Amount. <input type="text" value="\$188"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing Max Carter

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Marco Consulting Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Ste. 900

Street 550 West Washington Blvd.

City Chicago

State Illinois ZIP Code + 4 60661

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Electrical Workers H&W/Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Ste. 600

Street 101 Convention Center Drive

City Las Vegas

State Nevada ZIP Code + 4 89109

11.a. Nature of such dealing.

As A Trustee for H&W/Pension fund I had dinner with a trust investment consultant to discuss trust investments. (amount of value is unknown)

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Went to dinner with trust investment consultant. (amount of value is unknown)

12.b. Amount.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Electrical Workers H&W/Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Ste. 600

Street 101 Convention Center Drive

City Las Vegas

State Nevada ZIP Code + 4 89109

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Electrical Workers H&W/Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., If any Ste. 600

Street 101 Convention Center Drive

City Las Vegas

State Nevada ZIP Code + 4 89109

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Reimbursement of actual expenses incurred while attending NEBF and IFEBP educational conferences.

11.b. Approximate dollar value of such dealing.

\$2,704

12.a. Nature of interest held or income received.

Reimbursement of expenses

12.b. Amount.

\$2,704